## ELOY CITY CLERK RECEIVED

## CITY / TOWN OF \_\_ELOY POLITICAL COMMITTEE

## **TERMINATION STATEMENT**

2016 OCT 17 PH 5: 44

A.R.S. §§ 16-914 and 16-915.01

2012-03

NAME OF POLITICAL COMMITTEE	
Re-elect J.W. I Idwell CIty Council	
ADDRESS (NUMBER & STREET) 105 W Là Siesta Dr	CITY STATE ZIP P2 85/3/
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	E/09 A2 85/3/
	STATE ZIP
COMMITTEE TELEPHONE # COMMITTEE FAX # 520 466 1220	NAVYBOY 1945@YA how.com
J.W. TIDWELL EIDTCITY COUNCIL	
ADDRESS OF SPONSORING ORGANIZATION	EMAIL ADDRESS AND FAX #
Soloat the haves that each	
Select the boxes that apply:	
A. This is to certify that all contributions received and all indicated above have been reported as required by A	expenditures made on behalf of the political committee
indicated above have been reported as required by A.R.S. § 16-913. We further certify that the political committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or	
obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01.	
Please mark the appropriate statement below to indicate which campaign finance report states the disposition of	
any surplus monies.	
The disposition of surplus monies was submitted	on the campaign finance report filed on $9/29/2014$
The disposition of surplus monies is reported on the attached campaign finance report.	
B. This committee has terminated its activities in the above-named jurisdiction. The undersigned chairman and	
treasurer hereby attest that it is the intent of this committee to remain active in other jurisdictions and that all remaining monies of this committee shall be used in other jurisdictions.	
C This committee has transferred the committee's debts	
Please enter the full name and ID# of the committee into which debts and obligations have been transferred.	
riease enter the full flame and 15# of the committee Into	which debts and obligations have been transferred.
Name of Committee	ID#
We, J. W. T. JWell Printed name of Chairman and	J.W. TIdwell certify under
Printed name of Chairman and	Printed name of Treasurer
penalty of perjury that this statement of termination pursuant to A.R.S. § 16-914 is true and complete.	
(IW. Inlwell	Jw Idwell
/ Signature of Chairman	Signature of Treasurer